

SAMPLE TRAVEL VOUCHER

TRAVEL VOUCHER OR SUBVOUCHER				Read Privacy Act Statement, Penalty Statement, and Instructions on back before completing form. Use typewriter, ink, or ball point pen. PRESS HARD. DO NOT use pencil. If more space is needed, continue in remarks.																																																																																											
1. PAYMENT <input type="checkbox"/> Electronic Fund Transfer (EFT) <input type="checkbox"/> Split Disbursement: Amount to Government Travel Charge Card <input type="checkbox"/> Payment by Check \$ _____				5. TYPE OF PAYMENT (X as applicable) <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> TDY <input type="checkbox"/> PCS <input type="checkbox"/> Dependent(s) </div> <div> <input type="checkbox"/> Member/Employee <input type="checkbox"/> Other <input type="checkbox"/> DLA </div> </div>																																																																																											
2. NAME (Last, First, Middle Initial) (Print or type)		3. GRADE	4. SSN																																																																																												
6. ADDRESS: a. NUMBER AND STREET		b. CITY	c. STATE					d. ZIP CODE																																																																																							
e. E-MAIL ADDRESS				10. FOR D.O. USE ONLY a. D.O. VOUCHER NUMBER b. SUBVOUCHER NUMBER c. PAID BY d. COMPUTATIONS																																																																																											
7. DAYTIME TELEPHONE NUMBER & AREA CODE		8. TRAVEL ORDER NUMBER	9. PREVIOUS GOVERNMENT PAYMENTS/ ADVANCES																																																																																												
11. ORGANIZATION AND STATION		12. DEPENDENT(S) (X and complete as applicable)																																																																																													
<input type="checkbox"/> ACCOMPANIED <input type="checkbox"/> UNACCOMPANIED a. NAME (Last, First, Middle Initial) b. RELATIONSHIP c. DATE OF BIRTH OR MARRIAGE		13. DEPENDENTS' ADDRESS ON RECEIPT OF ORDERS (Include Zip Code)		14. HAVE HOUSEHOLD GOODS BEEN SHIPPED? (X one) <input type="checkbox"/> YES <input type="checkbox"/> NO (Explain in Remarks)																																																																																											
15. ITINERARY <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">a. DATE</th> <th style="width: 40%;">b. PLACE (Home, Office, Base, Activity, City and State; City and Country, etc.)</th> <th style="width: 10%;">c. MEANS/ MODE OF TRAVEL</th> <th style="width: 10%;">d. REASON FOR STOP</th> <th style="width: 10%;">e. LODGING COST</th> <th style="width: 10%;">f. POC MILES</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>				a. DATE	b. PLACE (Home, Office, Base, Activity, City and State; City and Country, etc.)	c. MEANS/ MODE OF TRAVEL	d. REASON FOR STOP	e. LODGING COST	f. POC MILES																																																																																					e. SUMMARY OF PAYMENT (1) Per Diem (2) Actual Expense Allowance (3) Mileage (4) Dependent Travel (5) DLA (6) Reimbursable Expenses (7) Total (8) Less Advance (9) Amount Owed (10) Amount Due	
				a. DATE	b. PLACE (Home, Office, Base, Activity, City and State; City and Country, etc.)	c. MEANS/ MODE OF TRAVEL	d. REASON FOR STOP	e. LODGING COST	f. POC MILES																																																																																						
16. POC TRAVEL (X one) <input type="checkbox"/> OWN/OPERATE <input type="checkbox"/> PASSENGER		17. DURATION OF TDY TRAVEL <input type="checkbox"/> 12 HOURS OR LESS <input type="checkbox"/> MORE THAN 12 HOURS BUT 24 HOURS OR LESS <input type="checkbox"/> MORE THAN 24 HOURS																																																																																													
18. REIMBURSABLE EXPENSES																																																																																															
a. DATE b. NATURE OF EXPENSE c. AMOUNT d. ALLOWED																																																																																															
19. GOVERNMENT/DEDUCTIBLE MEALS				a. DATE b. NO. OF MEALS		a. DATE b. NO. OF MEALS																																																																																									
20.a. CLAIMANT SIGNATURE		b. DATE	c. SUPERVISOR SIGNATURE		d. DATE																																																																																										
21.a. APPROVING OFFICER SIGNATURE					b. DATE																																																																																										
22. ACCOUNTING CLASSIFICATION																																																																																															
23. COLLECTION DATA																																																																																															
24. COMPUTED BY		25. AUDITED BY		26. TRAVEL ORDER POSTED BY		27. RECEIVED (Payee Signature and Date or Check No.)		28. AMOUNT PAID																																																																																							